


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 731773

1. Entity Name
JEWSH CLUB OF KINGS POINT WEST INC.



Principal Place of Business KINGS POINT CLUBHOUSE 1904 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573 US	Mailing Address C/O JULIA LOHN 2430 NANTUCKET HARBOR LOOP SUN CITY CENTER, FL 33573-7120 US
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01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**LOHN, JULIA
 2430 NANTUCKET HARBOR LOOP
 SUN CITY CENTER, FL 33573**

DO NOT WRITE IN THIS SPACE

7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Julia Lohn* 01-16-06
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, JUDY 2402 OLD NANTUCKET COURT SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLANTE, MARLENE 1828 B FOX HIGHWAY SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEDLEAU, JOANNE 818 STAFFORDSHIRE LN. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOHN, JULIA 2430 NANTUCKET HARBOR LOOP SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOLT, ANNE 2207 NANTUCKET DR. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000390818
 01/24/06-80015-006 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julia Lohn* 01-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #